



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



## DEPARTMENT OF CORRECTIONS

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Part	Section	Subject	Policy No.	Review Date
Institutional Services	Health Care	Health Assessment	4.5.14	
ACA Standards	3-ALDF-4E-21 Health Appraisal is Completed Within 14 Days After Arrival at the Facility			
Consent Decree	Paragraph 49c Physical Health Assessment			

**I. PURPOSE**

To establish procedures that ensures that inmates/detainees admitted into the Department of Corrections (DOC) facility receive a complete health appraisal as soon as possible, but no later than fourteen (14) days after admission.

**II. POLICY**

It is the policy of the DOC that a comprehensive health appraisal is provided within fourteen (14) days to all newly admitted inmates/detainees.

**III. PROCEDURES****A. Health Appraisal**

The health appraisal will include the following:

1. A review of the receiving screening results and the collection of additional data to complete the medical, dental, and mental health histories.
2. Laboratory and/or diagnostic tests to detect communicable diseases including communicable diseases and tuberculosis should be conducted when appropriate. Test results should be received and evaluated before an inmate/detainee is assigned to the general population housing unit.
3. Other related tests as determined by the examining physician or physician's extender. At a minimum, it will include the following:
  - a. **Hepatitis B:** Every inmate/detainee shall provide the health services staff a record of prior immunization with Hepatitis B vaccine. If there is no prior serological Hepatitis B antigen testing, the inmate/detainee must undergo a

three- (03) injection series for Hepatitis B, in the accordance with the facility Physician and/or extender and the Division of Public Health (DPH).

- b. **Syphilis:** Every inmate/detainee shall receive a Rapid Plasma Reagin (RPR) test upon admission to the facility and then annually thereafter. If the inmate/detainee is diagnosed with syphilis, then a specific treatment plan will be developed between the Division of Public Health and the Facility Physician and/or physician extender.
  - c. **Tuberculosis (TB):** Every inmate/detainee shall receive a mantoux tuberculin skin test using purified protein derivative (PPD). A qualified health services staff person will read the skin test in seventy two (72) hours. If the PPD is read as positive (>10 mm induration) the inmate/detainee is then sent to the Commonwealth Health Center for a single view chest x-ray. That film is then sent to the Chest Clinic for review and or treatment as determined by the physician in charge of that clinic.
  - d. **Tetanus:** Every inmate/detainee shall provide a record of immunization with Tetanus Toxoid vaccine within the past ten-years (10). If there is no prior record available, the inmate/detainee will receive at the time of his/her full health assessment a single tetanus toxoid booster (Td) in accordance with the recommendation of the Center for Disease Control (CDC). Immunization records shall be reviewed annually. A TD booster shall be administered every ten (10) years or more often as is deemed necessary by the facility physician and/or physician extender.
  - e. **HIV:** Every inmate/detainee shall receive education and counseling regarding HIV/AIDS and shall be encouraged to obtain an HIV antibody test upon admission and then annually thereafter. Any HIV test provided to an inmate/detainee shall be performed confidentially by appointment with a qualified member of the facility's health services staff. The inmate/detainee record covering the test and its results shall be maintained in a fully confidential manner in the Medical Station at the facility.
  - f. **Sexually Transmitted Diseases (STD):** The physician and/or physician extender will ensure that sexually transmitted diseases are identified and treatment is provided as necessary.
  - g. **Scabies:** The health trained correctional staff conducting the initial intake screening will observe to ensure that there are no infestations on newly admitted inmates/detainees. If such infestations are observable, the inmate/detainee will be treated per the protocol of the Center for Disease Control guidelines.
4. Recording of height, weight, pulse, blood pressure and temperature.
  5. A physical examination including comments regarding mental and dental status.
  6. Other tests and examination as appropriate.

7. Medical examination, including review of mental and dental status.
  8. Review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel.
  9. Initiation of therapy and immunizations, when appropriate.
  10. Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation.
  11. When appropriate, investigation should be conducted into alcohol and/or drug abuse and other related problems.
  12. A routine appraisal by mental health staff should be completed within 30 days of admission on all new inmates/detainees.
- B.** The collection and recording of the health assessment data will include the following:
1. Collection of health history and vital signs by qualified health personnel.
  2. "Hand-On" physical examination performed only by an appropriate trained physician or physician extender.
- C.** In the case of a re-admitted inmate/detainee who has received a documentation health assessment within the past twelve (12) months and who receives a screening that shows no changes in the inmate's/detainee's health status, the prior results are reviewed, and tests, examinations, etc. are up-dated as needed.
- D.** Certain element of the health assessment are repeated at appropriate frequency, as determined by the responsible physician/extender in consideration of age, sex, and health needs of inmates/detainees in the population, consistent with the recommendations of professional organizations.
- E.** A protocol defining periodic health assessment is developed by health services staff.
- F.** Upon transfer of an inmate/detainee patient from one facility to another, the nurse at the receiving facility checks the transferred inmates/detainees chart for up-to-date Tuberculosis (TB) screening. The receiving nurse will identify any problems that need addressing including medication availability and the necessity to repeat medical evaluation.
- G.** Based upon the inmate/detainee's age and risk factors, a breast, rectal, and testicular exam should be performed.

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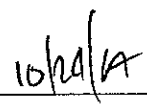
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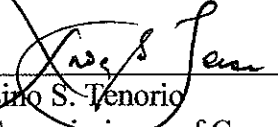
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Approved By: \_\_\_\_\_

  
Lino S. Tenorio  
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